

Complete Summary

TITLE

Major depressive disorder (MDD): percentage of patients aged 18 years and older with confirmed diagnosis of MDD who were continued on medication for a minimum of 16 weeks following remission of symptoms.

SOURCE(S)

Physician Consortium for Performance Improvement™. Clinical performance measures: major depressive disorder. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 6 p. [17 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with confirmed diagnosis of major depressive disorder (MDD) who were continued on medication for a minimum of 16 weeks following remission of symptoms.

RATIONALE

Major depressive disorder (MDD) is a highly prevalent disorder, which has a significant impact on a person's ability to function. Currently, MDD is the leading cause of disability in the United States. There is evidence that MDD can be comorbid with a variety of medical and mental health conditions, including

diabetes, ischemic heart disease, cancer, panic disorder, and alcohol or drug abuse/dependence.

Despite potential risks and established clinical guidelines, recent data suggest that some patients are not being managed optimally for this disease.

PRIMARY CLINICAL COMPONENT

Major depressive disorder (MDD); antidepressant medication; management

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a confirmed diagnosis of major depressive disorder (MDD) who were initially treated with antidepressant medication

NUMERATOR DESCRIPTION

Patients who were continued on medication for a minimum of 16 weeks following remission of symptoms

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Practice guideline for the treatment of patients with major depressive disorder.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. National Household Survey on Drug Abuse. 1994-97. Cited by: Healthy People 2010. Leading Health Indicators. Available at: http://www.health.gov/healthypeople/Document/HTML/uih/uih_4.htm. Accessed: August 2002.

The state of health care quality, 2002. [internet]. National Committee for Quality Assurance; [cited 2003 Jan 01].

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Medicare
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Community Health Care
Managed Care Plans
Physician Group Practices/Clinics
Rural Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In a given year, approximately 5% of Americans, aged 18 years or older, suffer from depression.

One in six Americans will suffer from major depressive disorder (MDD) at some point during their lives.

Data suggest that psychological treatments and/or medications are 80% effective on individuals with depression; however, in 1997, less than 25% of adults diagnosed with depression received treatment.

The average performance of the National Committee for Quality Assurance accredited health plans for the Health Plan Employer Data & Information Set (HEDIS®) Antidepressant Medication Management Measures is as follows:

- Fifty-seven percent of all patients diagnosed with a new episode of MDD receive antidepressants during the acute phase.
- Of those patients, 40% continue to receive antidepressant medication during the continuation phase.
- About 20% of MDD patients have three or more outpatient follow-up visits with a primary care or mental health practitioner.

EVIDENCE FOR INCIDENCE/PREVALENCE

Davidson JR, Meltzer-Brody SE. The underrecognition and undertreatment of depression: what is the breadth and depth of the problem. J Clin Psychiatry 1999; 60 Suppl 7: 4-9; discussion 10-1. [34 references] [PubMed](#)

Regier DA, Narrow WE, Rae DS, Manderscheid RW, Locke BZ, Goodwin FK. The de facto US mental and addictive disorders service system. Epidemiologic catchment area prospective 1-year prevalence rates of disorders and services. Arch Gen Psychiatry 1993 Feb; 50(2): 85-94. [PubMed](#)

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. National Household Survey on Drug Abuse. 1994-97. Cited by: Healthy People 2010. Leading Health Indicators. Available at: http://www.health.gov/healthypeople/Document/HTML/uih/uih_4.htm. Accessed: August 2002.

The state of health care quality, 2002. [internet]. National Committee for Quality Assurance; [cited 2003 Jan 01].

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

In the United States, major depressive disorder (MDD) is the cause of more than two-thirds of all suicides each year.

EVIDENCE FOR BURDEN OF ILLNESS

Healthy people 2010: leading health indicators. [internet]. Washington (DC): Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services; [cited 2002 Aug 01].

UTILIZATION

Unspecified

COSTS

The total direct and indirect costs of depression in the United States are estimated at more than \$43 billion annually.

EVIDENCE FOR COSTS

1999 Surgeon General's report. [internet]. Washington (DC): National Mental Health Information Center; [cited 2002 Aug 01].

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with a confirmed diagnosis of major depressive disorder (MDD) who were initially treated with antidepressant medication

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients aged 18 years and older with confirmed diagnosis of major depressive disorder (MDD) who were initially treated with antidepressant medication

Exclusions

Documentation that antidepressant medication was not indicated (after initial therapy); documentation of medical reason(s) for not prescribing antidepressant medication (after initial therapy) (e.g., allergy, drug interaction, contraindication); documentation of patient reason(s) for not prescribing antidepressant medication (after initial therapy) (e.g., economic, social, religious)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who were continued on medication for a minimum of 16 weeks following remission of symptoms

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

None

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Major depressive disorder: continuation of antidepressant medication.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

MEASURE SET NAME

[Physician Consortium for Performance Improvement: Major Depressive Disorder Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement

DEVELOPER

Physician Consortium for Performance Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

REVISION DATE

2005 Aug

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Physician Consortium for Performance Improvement. Clinical performance measures: major depressive disorder. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 6 p.

SOURCE(S)

Physician Consortium for Performance Improvement™. Clinical performance measures: major depressive disorder. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 6 p. [17 references]

MEASURE AVAILABILITY

The individual measure, "Major Depressive Disorder: Continuation of Antidepressant Medication," is published in the "Clinical Performance Measures: Major Depressive Disorder." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.

- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on October 6, 2004. This NQMC summary was updated by ECRI on September 28, 2005. The information was verified by the measure developer on November 9, 2005.

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